Community Action Plan Template for Children's Environmental Health

Lead Poisoning Prevention

Introduction

This template is intended to help jurisdictions navigate the community action planning process by providing a set of sample strategic objectives, actions, and evaluation metrics to plan program activities to address key children's environmental health issues in communities. It has been designed for state and territorial health agencies (S/THAs) to support their strategic planning processes and for integrating children's environmental health into state health improvement plans. S/THAs can also share the template widely within their jurisdictions and with communities directly by providing consultation on activities and metrics related to children's health and broader public health. S/THAs may also use the template when engaging with local health departments or other local partners to use when helping a community develop a short and/or long-term strategic plan for addressing children's environmental health threats.

Format

Outlined below are a series of suggested objectives, strategies, and activities that jurisdictions may consider as they develop their own action plans. Additionally, each activity has space to write in an evaluation metric and a time frame associated with that activity. Some suggested metrics and time frames are included in the templates, but some are also left intentionally blank so the end user can fully customize the metrics. These metrics can be used to measure progress and determine the level of success or efficacy of a given activity. Some of the activities target children's environmental health specifically, while others address broader environmental health hazards that impact children indirectly.

Jurisdictions are encouraged to develop their own metrics in accordance with their desired measures (process vs. outcomes) and their corresponding timelines. Metrics should also be SMARTIE (Strategic, Measurable, Ambitious, Realistic, Time-bound, Inclusive, and Equitable). When developing metrics, consider short term (one to 12 months) and longer term (one to five years) as a general time frame, but prioritize those that can be achieved in the near term first to get the planning off the ground and running. Time frames should include days, months, and years (e.g., over the next year, from [start date] to [end date], such as July 31, 2028 – July 31, 2029). For example, final metrics should look like "By July 31, 2030, work with local jurisdictions to increase review of complete streets options and plans by two jurisdictions".

Topic: Lead Poisoning Prevention

BACKGROUND: Children are most often exposed to lead through inhaling or ingesting dust, soil, food, or water that is contaminated with lead. However, children can also be exposed through certain consumer products, cultural items, and some imported foods. Homes that were built before 1978 are more likely to have lead-based paint, which is also a known risk factor for childhood lead exposure.

Children from low-income families and those living in older housing are at greater risk of lead poisoning compared to those living in wealthy neighborhoods with newer homes. These disparities in community exposures signal a disproportionate burden on vulnerable populations and illustrate an important concern for environmental justice and health equity.

Since children exposed to lead have a greater risk of reduced cognitive ability or neurodevelopmental impairment, state and federal agencies are taking steps to protect children from lead poisoning through enhanced screening procedures and improved standards for drinking water testing. Since negative health effects can occur even at low-level exposures, there is no safe identified level of lead in children's blood.

GOALS:

- Reduce environmental exposures to lead from drinking water, soil, schools, daycares, and homes.
- Increase access to lead screening and case management, especially in lower income areas.
- Better understand the relationship between blood level, race/ethnicity, and other socio-economic factors.
- Address gaps in lead surveillance systems and interoperability.

PARTNERS:

- Local health departments and government
- Community-based organizations, healthy homes alliances
- Federal partners at CDC, Housing and Urban Development, Department of Education, Centers for Medicare and Medicaid Services
- State Department of Environmental Quality/Department of Environmental Protection, educational partners
- Healthcare providers, Medicaid Managed Care Organizations
- Property managers, rental assistance groups
- Head Start programs
- Utilities

Blood Lead Screening

Screening children for elevated levels of lead is crucial for assessing the severity of lead exposure and acts as a first line of defense. Even at low levels of exposure, lead can have detrimental effects on a child's cognitive development and overall well-being. Enhancing capacity for blood lead screenings allows for early identification and intervention for children exposed to elevated levels of lead. By increasing access to screenings and targeting at-risk populations, S/THAs can help to reduce the burden of childhood lead exposures and curb the long-term consequences of lead poisoning.

Objective 1: Enhance Blood Lead Screening	
Activities with Direct Benefits to Children	
Strategy A	Target lead screening resources to most at-risk communities.
Activity 1	*Activity:* Increase the reporting rate of blood lead level screenings to the state CDC-funded Childhood Lead Poisoning Prevention Program. *Evaluation Metric:* Conduct outreach to [n] providers to encourage reporting blood lead level screenings. *Evaluation Time Frame:* Over one year, from [start date] to [end date].
Activity 2	*Activity:* Institute incentive payments to providers for universal lead screening for Medicaid recipients at one and two years. *Evaluation Metric:* Increase the number of screenings for Medicaid recipients by [n]%. *Evaluation Time Frame:* Over two years, from [start date] to [end date].
Strategy B	Increase access to blood lead screening
Activity 1	*Activity:* Supporting obstetric practices serving Medicaid patients in obtaining and using a Lead Care II analyzer through professional training and funding from Medicaid or Managed Care Organizations. *Evaluation Metric:* Identify the number of Medicaid-serving obstetric practices in need of a Lead Care II analyzer. *Evaluation Time Frame:* Over one year, from [start date] to [end date].

Activity 2	*Activity:* Provide training and funding to pediatric providers serving Medicaid patients in obtaining and using a Lead Care II analyzer. *Evaluation Metric:* Hold [n] trainings for providers on Lead Care II analyzers. *Evaluation Time Frame:* Over one year, from [start date] to [end date].

Socioeconomic Factors of Lead Exposure

Recognizing and addressing the socioeconomic factors that contribute to lead exposure is essential for protecting children's health. Families in at-risk neighborhoods often face higher risks of lead exposure due to older housing stock and limited resources to support primary prevention. S/THA interventions can be tailored for vulnerable populations by addressing health disparities and targeting gaps in existing lead policies and programs.

Objective 2: Address Socioeconomic Factors of Lead Exposure Risk	
Activities with Direct Benefits to Children	
Strategy A	Increase funding to support services to low-income families and children to reduce lead exposure risk and address the causes of lead poisoning
Activity 1	*Activity:* Seek Medicaid funding reimbursement for costs associated with lead case management or environmental investigation of elevated blood lead for Medicaid recipients. *Evaluation Metric:* Increase the number of environmental investigations by [n]. *Evaluation Time Frame:* Over three years, from [start date] to [end date].
Activity 2	*Activity:* Institute local reimbursement policies to allow Medicaid Managed Care Organizations to engage in value-based and fee-for-service payments for lead poisoning prevention-related services. *Evaluation Metric:* Increase the number of Medicaid Managed Care Organizations engaging in value-based payment for lead services by [n]. *Evaluation Time Frame:* Over three years, from [start date] to [end date].
Strategy B	Track and understand the relationship between elevated lead levels, race and ethnicity, and socio-economic factors

Activity 1	*Activity:* Track lead screening rates by race and ethnicity to better understand racial and ethnic differences in lead screening rates and identify barriers to lead screening for underserved populations. *Evaluation Metric:* Increase the number of providers sharing race/ethnicity data alongside screening rates by [n]. *Evaluation Time Frame:* Over five years, from [start date] to [end date].
Activity 2	*Activity:* Report annually the data related to race and ethnicity for children with elevated blood lead levels to share with providers, advocates, and other partners as needed to target resources and interventions based upon risk. *Evaluation Metric:* Increase the number of data reports shared with external stakeholders by [n]. *Evaluation Time Frame:* Over three years, from [start date] to [end date].

Lead Risks in Housing Stock

Lead-based paint in older homes comprise a significant portion of childhood lead exposures. Implementing strategies to identify and remediate lead hazards in homes is necessary for protecting the living environments of families and children. Targeted resources and proactive healthy housing policies can help to address the lead risks in housing and support children's health and well-being.

Objective 3: Address Lead Risks in Housing Stock	
Activities with Direct Benefits to Children	
Strategy A	Standardize and improve housing standards and enforcement statewide
Activity 1	*Activity:* Promulgate Lead Safe Demolition Standards and enforce at the local level to reduce the risk of lead emissions, debris and hazards contaminating adjacent properties and communities during the demolition of pre-1978 constructed properties. *Evaluation Metric:* Identify the number of communities with pre-1978 housing. *Evaluation Time Frame:* Over two years, from [start date] to [end date].

Activity 2	*Activity:* Require properties to have a Certificate of Habitability to ensure a property meets or exceeds local standards for lead hazard reduction before legally renting. *Evaluation Metric:* Increased number of applications for Certificates of Habitability by [n]. *Evaluation Time Frame:* Over three years, from [start date] to [end date].
Strategy B	*Increase Housing Code enforcement as a tool to promote lead poisoning prevention*
Activity 1	*Activity:* Facilitate data sharing of lead and housing code violations and making appropriate cross-agency referrals. *Evaluation Metric:* Identify [n] partner agencies to establish system for cross-agency referrals. *Evaluation Time Frame:* Over one year, from [start date] to [end date].
Activity 2	*Activity:* Implement a mandatory housing code inspection protocol to allow inspection of all properties of owners found to have violations in any property. *Evaluation Metric:* Increased number of inspections of properties with lead risk by [n]. *Evaluation Time Frame:* Over five years From [start date] to [end date].
Strategy C	Increase Housing Code enforcement as a tool to promote lead poisoning prevention
Activity 1	*Activity:* Secure funding from public/private sources to support lead service line replacement in the most at-risk jurisdictions. *Evaluation Metric:* Secure at least one additional funding stream to support lead service line replacement in at-risk jurisdictions. *Evaluation Time Frame:* Over three years, from [start date] to [end date].

Activity 2	*Activity:* Introduce tax credits for homeowners to incentivize completion of lead remediation or repairs. *Evaluation Metric:* Increased number of tax incentives available for lead remediation in the home by [n]. *Evaluation Time Frame:* Over five years, from [start date] to [end date].

Lead Risks in Drinking Water

Lead in drinking water poses a serious risk to children's health, with the most common sources being lead pipes, faucets, and plumbing. To protect children from exposure to lead in drinking water, S/THAs can promote proactive monitoring practices and infrastructure upgrades. By implementing measures such as lead service line replacements and remediation, communities can reduce the risk of harmful drinking water exposures.

Objective 4: Address Lead Risks in Drinking Water	
Activities with Direct Benefits to Children	
Strategy A	Increase Housing Code enforcement as a tool to promote lead poisoning prevention
Activity 1	*Activity:* Secure funding from public/private sources to support distribution of certified point-of-use drinking water filters in households at risk of lead exposure. *Evaluation Metric:* Increased number of funding sources to support distribution of point-of-use filters by [n]. *Evaluation Time Frame:* Over three years, from [start date] to [end date].
Activity 2	*Activity:* Require utilities to develop plans for annual lead service line replacement goals and commit resources to work with property owners to replace lead service lines. *Evaluation Metric:* Establish [n] funding sources for replacement of lead service lines. *Evaluation Time Frame:* Over three years, from [start date] to [end date].
Strategy B	Strengthen requirements to test and disclose results for lead in drinking water

Activity 1	*Activity:* Require that housing be tested for lead in drinking water and pipes as well as paint, and that results be disclosed to the buyer or renter. *Evaluation Metric:* Increased rates of testing for lead in drinking water in housing by [n]%. *Evaluation Time Frame:* Over three years, from [start date] to [end date].
Activity 2	*Activity:* Establish a mandate that would require property owners to address lead hazards in drinking water at the time of sale. *Evaluation Metric:* Increased utilization of lead remediation services following sales of homes by [n]%. *Evaluation Time Frame:* Over five years, from [start date] to [end date].

Lead Risks in Schools and Child Care Facilities

Many children spend a significant amount of time in schools and childcare facilities, so it is important to consider risks of lead exposure in these spaces. Schools and early childhood education facilities are often in need of resources to establish protocols for regular monitoring of lead. By prioritizing the safety of schools and care settings, S/THAs can promote healthy indoor environments for children that support their well-being, learning, and growth.

Objective 5: Address Lead Risks in Schools and Child Care Facilities	
Activities with Direct Benefits to Children	
Strategy A	Increase funding for improvements to keep schools and childcare facilities lead-safe
Activity 1	*Activity:* Target funding to ensure that schools are improved and maintained as needed to prevent and mitigate risks for lead exposure. Consider prioritizing schools with Head Start and Early Head Start programs. *Evaluation Metric:* Identify [n] number of Head Start programs to participate in a lead-safe facilities pilot program. *Evaluation Time Frame:* Over two years, from [start date] to [end date].

Activity 2	*Activity:* Enforce required lead testing of drinking water in schools and childcare facilities and pair with support for remediation. *Evaluation Metric:* Increased rates of testing for lead in drinking water in schools and childcare facilities by [n]%. *Evaluation Time Frame:* Over three years, from [start date] to [end date].
Strategy B	Increase lead paint regulation and inspection for home-based childcare
Activity 1	*Activity:* Implement annual visual inspections and dust wipe clearance, and require remediation in home-based childcare facilities. *Evaluation Metric:* Increased number of lead paint inspections in home-based childcare facilities by [n]. *Evaluation Time Frame:* Over three years, from [start date] to [end date].
Activities with Indirect Benefits to Children	
Activity 1	*Activity:* Incentivize registration for home-based childcare by linking registered providers with financing, grants, education, and other support to address health and safety hazards. *Evaluation Metric:* Identify [n] referral resources for home-based childcare providers. *Evaluation Time Frame:* Over one year, from [start date] to [end date].

Lead Risks in Soil

Soil is often an overlooked source of potential lead exposure. Deposits from industrial facilities, gasoline, and other hazardous sources contribute to elevated lead levels in soil. S/THAs can help address lead risks in soil by promoting standards for soil testing, remediation efforts, and public education. Identifying and remediating lead-contaminated soil can significantly reduce the risk of childhood lead exposures in outdoor environments.

Objective 6: Address Lead Risks in Soil
Activities with Direct Benefits to Children

Strategy A	Incorporate stronger standards for lead in soil to address lead poisoning risks
Activity 1	*Activity:* Target funding for areas where deterioration of lead-painted structures has caused high lead levels in surrounding soil or where other known lead sources exist. *Evaluation Metric:* Identify [n] sites for follow-up lead testing in soil. *Evaluation Time Frame:* Over two years, from [start date] to [end date].
Activity 2	*Activity:* Advance legislation calling for mandatory soil testing and reporting prior to the sale of a home. Consider soil testing and reporting requirements for rental housing. *Evaluation Metric:* Hold [n] meetings with other partners and stakeholders for coordinating soil testing legislation. *Evaluation Time Frame:* Over two years, from [start date] to [end date].

Gaps in Data Systems and Availability

Robust data systems are necessary for understanding the overall lead burden and effectiveness of interventions to reduce lead exposure in communities. Addressing gaps in surveillance data systems and availability of data can help to promote a better understanding of lead exposure patterns and facilitate collaboration between partners across the public health, healthcare, housing, and environmental sectors. S/THAs can help to address gaps in data infrastructure by working with other agencies to build shared databases and enhance data accessibility for surveillance and case management.

Objective 7: Address Gaps in Data Systems and Availability	
Activities with Direct Benefits to Children	
Strategy A	Create or refine data systems that promote inter-agency coordination

Activity 1	*Activity:* Standardize eligibility criteria across state housing and health programs, so that data from one housing program may be used to qualify residents for other lead hazard reduction, weatherization, and housing rehabilitation programs. *Evaluation Metric:* Identify common standards for eligibility and systems for sharing data on housing and health. *Evaluation Time Frame:* Over two years, from [start date] to [end date].
Activity 2	*Activity:* Integrate state agency data systems that handle housing and health so that lead testing data (i.e., lead in paint, soil, service lines, plumbing fixtures) is available to the appropriate officials and providers to coordinate services for children with elevated blood lead. *Evaluation Metric:* Establish a data sharing agreement between state departments of health and housing. *Evaluation Time Frame:* Over five years, from [start date] to [end date].
Strategy B	Make more health and housing data available to providers, advocates, and the public
Activity 1	*Activity:* Improve blood lead surveillance data access for local health departments to allow for analyzing lead exposure risk at the census block level for targeting lead screening and outreach efforts. *Evaluation Metric:* Conduct [n] trainings to local health department staff on utilizing blood lead surveillance data for targeted outreach efforts. *Evaluation Time Frame:* Over two years, from [start date] to [end date].
Activity 2	*Activity:* Introduce a lead safe housing registry to improve lead safe housing choices for families seeking rental housing. *Evaluation Metric:* Develop an online platform to share registry for lead safe housing. *Evaluation Time Frame:* Over five years, from [start date] to [end date].